

Application Process

The CPSP Provider offers comprehensive perinatal services, defined as “obstetrical, psychosocial, nutrition, and health education services and related case coordination provided by or under the personal supervision of a physician during pregnancy and 60 days following delivery” to Medi-Cal beneficiaries (Title 22, California Code of Regulations (CCR), Section 51179). The CPSP Provider is responsible for the provision of obstetric as well as enhanced support services.

The Title 22 California Code of Regulations Section 51249 specifies the application process for CPSP providers.

Prior to Obtaining a CPSP Application: Prospective CPSP providers are required to be a current Medi-Cal provider in good standing before a CPSP application is submitted to the state. If the prospective provider is not yet a Medi-Cal provider, the PSC will refer them to Medi-Cal Provider Enrollment at:

<http://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx>

Obtaining a CPSP Application: The CPSP application (CDPH 4448) is located on the CPSP web page at: <http://www.cdph.ca.gov/programs/CPSP/Pages/default.aspx>.

The local **Perinatal Services Coordinator (PSC)** is available for consultation on program requirements and to provide technical assistance in completing the application. A list of PSCs is located at:

<http://www.cdph.ca.gov/programs/CPSP/Pages/CPSPPerinatalServicesCoordinators.aspx>

All new applications must include the seven attachments listed below:

1. **Prenatal Medical Record form(s)**—The prospective provider must attach a blank sample prenatal medical record form(s) used in his/her current practice.
2. **Individualized Care Plan**—The prospective provider must attach a blank Individualized Care Plan that includes obstetric, nutrition, psychosocial, and health education components.
3. **Assessment Tools**—These include the Initial Assessment (individual or combined), trimester reassessments, postpartum assessment, weight gain grid(s), and 24-Hour Diet Recall or Food Frequency Questionnaire, which may be downloaded from the CPSP web site.
4. **General Description of Practice (DOP)**—The DOP provides details on how the prospective provider will incorporate the enhanced CPSP services into their practice, clinic, and/or organization. The entity must include obstetric, health education, nutrition, and psychosocial services that will be provided to their clients.
5. **Delivery Hospitals**—The name(s) and address(es) of the delivery hospital(s) must be indicated.
6. **Referral Services**— Include the names and addresses of the agencies that CPSP providers must offer to their clients per Title 22 Regulations. The five required referrals are as follows:
 - a. Child Health and Disability Program (CHDP)
 - b. Family planning services (Family PACT)

- c. Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 - d. Genetic services
 - e. Dental services
7. **Agreements**—These include:

Antepartum/Intrapartum/Postpartum Agreements

In order to ensure continuous, safe, quality, comprehensive perinatal care for CPSP patients Antepartum/Intrapartum/Postpartum Agreements are to ensure the State that if the CPSP provider does not propose to provide antenatal/intrapartum/postnatal services themselves, then there is an agreement with an antenatal/intrapartum/postnatal provider who will provide the services to the CPSP patient in accordance with CPSP standard of care. If a provider other than the CPSP Provider will be responsible for performing and billing for Antepartum/Intrapartum/Postpartum services is required to be addressed in the Agreement.

An Antepartum/Intrapartum/Postpartum Agreement should include, but is not limited to:

1. Provision of obstetrical antenatal/postnatal services
2. Provision for referral to other appropriate providers as necessary
3. Offering all required CPSP services to the patient
4. Case coordination agreement
5. Access to and transfer of all medical and support service records and maintenance of current comprehensive patient records by all parties involved in the patient's care
6. Responsibility for signing off and explanation of the patient's rights and responsibilities document
7. Mutual billing responsibilities and methods to avoid duplicate billing to the State
8. Agreement that only itemized billing procedures will be used
9. Any of the provision deemed prudent by the parties to assure patient safety and improve the quality of perinatal care

Dual Provider Agreements:

A Dual Provider Agreement (DPA) is needed anytime two CPSP providers are simultaneously providing CPSP services. Dual Provider Agreements are implemented when a specific documented obstetrical (OB) access problem exists for pregnant women on Medi-Cal.

These agreements are made at the local level. The prospective provider must attach a written agreement(s) to the application. The agreement(s) must describe the relationship and specific responsibilities of the prospective provider and the obstetric care provider(s), including the flow of patient services, shared charting and patient information between all providers. It should include how emergency services will be provided, and billing responsibilities.

The provider must submit protocols to the PSC within six months of the date of application approval.

Helpful Hints:

The PSC should make a visit(s) to the prospective CPSP provider prior to accepting the application. Suggested materials to review with the prospective provider are:

- The Provider Handbook - See page 3.9 of the Provider Handbook

<http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Documents/MO-CPSP-ProviderHandbook.pdf>

- The provider's CPSP application (CDPH 4448)
- Instructions for completing application

<http://www.cdph.ca.gov/programs/CPSP/Pages/ApplicationforCertificationasaCPSPProvider.aspx>

All CPP forms are located on the CPSP web site. The link is below.

<http://www.cdph.ca.gov/programs/CPSP/Pages/LHJPerinatalServicesCoordinatorInformation.aspx>

Application Logging:

Log in the application only when it is complete and all the needed corrections have been made. A six-digit State Control number is assigned at the State level.

CPSP Application Log:

The PSC can track the CPSP application via an Application Logging system. The locally assigned six-digit application logging control number can be transferred to a log. The log tracks the status of the application including state approval and protocol completion.

PSC Application Review:

The local PSC will provide technical assistance to prospective providers completing the application and its attachments.

The following is the PSC application review process:

- Fill out the Letter to the Provider (CPP1) stating the PSC has received the CPSP application. Send the original to the prospective provider. PSC keeps a copy for their files.
- Use the Application Review Checklist (CPP3) to ensure all application attachments are included with the original application.
<http://www.cdph.ca.gov/programs/CPSP/Pages/LHJPerinatalServicesCoordinatorInformation.aspx>
- Sign & date the Application Review Checklist and Approval form (CPP3)
- Complete the bottom of page 4 of the CDPH 4448
- Make recommendation of approval/disapproval of application
- Sign & date application
- Review the Final Application Checklist located on Page 8 of the Application Instructions for Completing The CPSP Provider Application
<http://www.cdph.ca.gov/pubsforms/forms/CtrlForms/cdph4448instructions.pdf>
- After the PSC has received and approved the final application packet, send the state MCAH the original application for processing and keep a copy at the local level
- Log the date the application was finalized and keep on file
- Complete and mail original letter (CPP2) to prospective provider and include a copy for the prospective provider file.
- Log date CPP2 sent to provider
<http://www.cdph.ca.gov/pubsforms/forms/Pages/MaternalandChildHealth.aspx>

State Application Processing :

The CDPH Maternal, Child, and Adolescent Division staff processes the CPSP application and sends the transmittal to Medi-Cal. Once processed by state MCAH, the new CPSP provider will be sent a letter indicating the effective date of the approval (i.e., the date the provider can begin

to provide CPSP services for which Medi-Cal can be billed). The provider must bill under the National Provider Identifier (NPI) submitted on the CPSP application.

- The PSC will receive a copy of the letter sent to prospective CPSP providers

On-Line Credential Verification and Education References for Providers

On-Line Verification of CPSP Practitioners:

Title 22, Section 51279 (See Provider Handbook Appendix for CPSP Title 22 regulations) provides specific criteria to use when the PSC and the State evaluate provider applications. These include a thorough review of the providers' licensing authority for any revocations, suspensions, or restrictions. The PSC reviews the staff listed on pages two and three of the CDPH 4448 and **verifies all staff licenses**. Please use the On-Line Verification of CPSP Practitioners table to guide verification of staff licenses. The PSC is required to start this review at the local level. The State completes the review process for the provider application file.

<http://www.cdph.ca.gov/programs/CPSP/Documents/MO-CPSP-OnlineLicenseVerificationForm.pdf>

<http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Search.aspx>

Health Educator: When reviewing Section 4 "Comprehensive Perinatal Services Practitioner" of the CPSP Application Form (CDPH 4448) you will need to confirm the practitioner's eligibility by verifying the schools he/she attended were accredited as required by Title 22 California Code of Regulations.

Regulation: Title 22 CCR 51179.7

A comprehensive perinatal practitioner means any one of the following:

(7) A health educator who either has:

(A) A Master's Degree (or higher) in Community or Public Health Education from a program accredited by the Council on Education for Public Health and who has one year of experience in the field of Maternal and Child Health,

or

(B) A Baccalaureate Degree with a major in Community or Public Health Education and who has one year of experience in the field of maternal and Child Health.

Website: The Council on Education for Public Health's website is <http://www.ceph.org> You will need to research the "Accredited Schools of Public Health and the Graduate Public Health Programs" link.

Social Worker: When reviewing Section 4 "Comprehensive Perinatal Services Practitioner" of the CPSP Application Form (CDPH 4448) you will need to confirm the practitioner's eligibility by verifying the schools he/she attended are the schools accredited under Title 22 California Code of Regulations.

Regulation: Title 22 CCR 51179.7

A comprehensive perinatal practitioner means any one of the following:

(6) A social worker who either:

(A) Holds a Master's Degree or higher in social work or social welfare from a college or university with a Social Work Degree program accredited by the Council on Social Work Education and who has one year of experience in the field of Maternal and Child Health,

or

(B) Holds a Master's Degree in psychology or Marriage, Family and Child Counseling (or Marriage and Family Therapy [MFT]) and has one year of experience in the field of Maternal and Child Health,

or

(C) Holds a Baccalaureate Degree in social work or social welfare from a college or university with a Social Work Degree program accredited by the Council on Social Work Education and who has one year experience in the field of Maternal and Child Health.

Website: The Council on Social Work Education's website is

<http://www.cswe.org/Accreditation/organizations.aspx>

You will need to research the "Accredited Programs" link.

Registered Dietician: When reviewing Section 4 "Comprehensive Perinatal Services Practitioner" of the CPSP Application Form (CDPH 4448) you will need to confirm the practitioner's eligibility by verifying the schools he/she attended are the schools accredited under Title 22 California Code of Regulations.

Regulations: Title 22 CCR 51179.7

A comprehensive perinatal practitioner means any one of the following:

(9) A dietician who is either

(A) Registered;

or

(B) Is eligible to be registered by the Commission on Dietetic Registration, the credentialing agency of the American Dietetic Association, with one year of experience in the field of perinatal nutrition.

Website: Commission on Dietetic Registration: www.cdrnet.org

Click "On-line verification" (words are flashing on screen)

Scroll down and click "I agree"

On the next screen click "Other" and type in your e-mail address.

On the next screen enter the RD's 6 digit number.

Suspended or Revoked License: CPSP applications will include licensed physicians without suspensions, restrictions, or revocations placed on their license by the Medical Board of California. Any provider who has been placed on probation will have his/her CPSP application denied until the period of probation is satisfactorily concluded. The provider can re-apply to become a CPSP provider after their probation period ends.

Developing Site-Specific Protocols

A CPSP provider must develop written protocols for each enhanced service – nutrition, health education and psychosocial – within six months of being approved as a CPSP provider. A protocol creates a system for delivering CPSP services in the provider's specific setting. The protocol specifies assessment, care planning and referral mechanisms, and sets the criteria and standards to measure and monitor quality of care.

The PSC is available to provide consultation and technical assistance to the provider in developing protocols. Sample protocols are available for use by the provider from the PSC. When using sample protocols that have already been approved, the provider needs to tailor them to be specific for the practice site. The protocols specify what action the provider office will take in response to an identified risk for a patient. The PSC is available to assist the provider with making these changes.

New providers who use previously approved sample protocols do not need to have them signed by a health educator, dietician, and social worker. For protocols to be approved without consultant names, include a statement on the application such as "Using 2009 ABC County Protocols". Protocols must be ≤ 5 years old, and the provider must insert site specific referral partners.

See the document entitled FAQ sample protocols at <http://www.cdph.ca.gov/programs/CPSP/Pages/LHJPerinatalServicesCoordinatorInformation.aspx>

Assessment and Reassessment Forms

The PSC is available to assist CPSP providers with the development of the Assessment and Reassessment forms. Obstetric, health education, nutrition and psychosocial are the domains to be assessed. The purpose of these forms is to provide a baseline of information about the client, generate an Individual Care Plan (ICP), provide information in identified areas of need, provide referral(s) if the provider is unable to address the identified need, and complete a reassessment at least every trimester and postpartum. Additionally, the assessment process identifies the client's strengths, risks, and needs related to her health and well-being during pregnancy.

There are four assessment and reassessment forms that are approved for providers use and available from the local PSC; Los Angeles County, Sacramento County, Alameda County and the CDPH 4455 assessment forms.

<http://www.cdph.ca.gov/programs/CPSP/Pages/LHJPerinatalServicesCoordinatorInformation.aspx>

End-Dating Providers

End-Date Memo:

An end-date memo is used to terminate the CPSP provider's ability to bill for CPSP services. An end-date memo will be submitted to the State CPSP under the following circumstances:

1. The CPSP provider is no longer rendering CPSP services due to death or retirement or is no longer interested in offering CPSP services.
2. The provider is no longer enrolled in Medi-Cal because he/she was terminated or deactivated.
3. When a CPSP provider transitions from one practice/entity to another (solo practice to a group or group practice to an FQHC) and would like to continue offering CPSP services. Typically when this situation occurs the provider is issued a new NPI number. The county PSC will submit a new application under the new NPI number and will end-date the previous NPI number.

<http://www.cdph.ca.gov/programs/CPSP/Pages/LHJPerinatalServicesCoordinatorInformation.aspx>

The county PSC must submit a letter to the State CPSP requesting the provider be end-dated. Please mail the End-Date memo to:

Maternal Child and Adolescent Health Division
Comprehensive Perinatal Services Program
Attn: CPSP Analyst
California Department of Public Health
P.O. Box 997420, MS 8306
Sacramento, CA 94234-7320

FREQUENTLY ASKED APPLICATION QUESTIONS (FAQS) for PROVIDERS

1) What changes do we have to submit to the local Perinatal Services Coordinator (PSC)?

ANSWER: The following changes must be submitted to the PSC:

- Name of Comprehensive Perinatal Services Program (CPSP) Site or change in NPI number
- Address changes
- Any change to practitioners and supervising physician
- Primary contact person
- Care delivery agreements → Dual Provider Agreements (DPA) and Antepartum/ Intrapartum /Postpartum Agreements

Once the PSC determines that the changes meet state requirements, the changes will be kept on file, except for name, address or NPI changes, which will be forwarded to the California Department of Public Health (CDPH, also referred to as the State) for updating the state database.

2) Do we need to notify Medi-Cal for any changes?

ANSWER: YES. It is the responsibility of the CPSP Provider to notify Medi-Cal Provider Enrollment by calling the Fiscal Intermediary Telephone Service Center (TSC) at 1-800-541-5555 or

<http://www.medi-cal.ca.gov> (click Provider Enrollment) if there are changes in:

- Name of CPSP site
- Address changes
- Rendering providers

In the event of an audit by Medi-Cal you may need to show that all staff that provided CPSP services and were paid by Medi-Cal met the qualifications of the CPSP and were listed on the CPSP application. Also auditors verify addresses of the provider sites to the Medi-Cal records.

3) When do the changes have to be submitted to the PSC?

ANSWER: The changes should be submitted 30 days **before** the effective date.

4) How do we submit changes to the PSC?

ANSWER: The changes need to be submitted in writing using the Change Request Form to Previously Approved Application form and mailed to the local PSC. Faxed or e-mailed changes will not be accepted because an original signature of the authorizing agent must be received and kept on file.

5) Who is responsible for submitting the changes to the PSC?

ANSWER: The person responsible will vary from site to site. The ultimate responsibility rests with the medical provider or Authorized Agent whose NPI number is on the original CPSP application. This person may authorize another staff member to fulfill this duty.

6) What if we decide to discontinue CPSP services?

ANSWER: The PSC should be notified in writing of the date when CPSP services will be terminated. The PSC will notify the CDPH, Maternal, Child and Adolescent Program, who will notify Medi-Cal to deactivate your authorization to provide CPSP services. The provider does not need to contact Medi-Cal Provider Enrollment regarding the inactivity in CPSP services only. If services are suspended by Medi-Cal temporarily, the provider will not receive reimbursement until re-instated.

7) What if there is a change in the Medi-Cal provider who submitted the original CPSP application?

ANSWER: The local PSC will assist the new Medi-Cal provider in submitting a new CPSP application to CDPH.

8) We want to start providing CPSP services at another site? Do we need to submit a new application?

ANSWER: YES. A new CPSP application is required for each site, regardless of having the same NPI number.

9) What are the steps to updating the CPSP application?

ANSWER: Contact your local PSC at the following link:

<http://www.cdph.ca.gov/programs/CPSP/Pages/CPSPPerinatalServicesCoordinators.aspx>

COMPREHENSIVE PERINATAL SERVICES PROGRAM DEVELOPING/CUSTOMIZING CPSP PROTOCOLS

The following are the most often asked questions about CPSP protocol requirements. Please use the answers as guidelines and call the PSC office if you need clarification at _____.

Q Exactly what are protocols?

A Protocols are written procedures for how you plan to provide health education, nutrition and psychosocial services and related case coordination. The protocols need to be specific to the provider's practice site. They need to be developed within 6 months of CPSP provider status approval.

Q When are my protocols due?

A Protocols must be developed or customized to your practice, signed off, and adopted within six months of your effective date of approval as a CPSP provider. You are encouraged to begin developing/customizing CPSP protocols as soon as your approval letter has been received from the State. *You will receive a letter from the CPSP office to remind you of the due date*

Q What if I cannot complete my protocols by the six month deadline?

A Call the CPSP office prior to your protocol due date and request an extension.

Q Where do I get these standardized tools and protocols?

A There are sample protocols available that have been developed and signed off by qualified CPSP consultants; those protocols ***must*** be customized to your practice. To get copy of sample protocols contact the PSC office at the number above.

Q Can I develop my own protocols?

A Yes. You and your consultants can choose to develop a protocol for each of the three disciplines (health education, nutrition and psychosocial) or you can talk with the PSC about customizing sample protocols to your practice site.

Q Who needs to sign my protocols?

A Customized protocols will be signed by the physician. If you develop new protocols, they must be signed by a physician, a health educator, a nutritionist, and a social worker. The names of these people must be included on the CPSP provider application.

Q Do I need to include consultants in the CPSP application if I have sample protocols?

A In that case you don't need consultants for protocol approval. It is strongly recommended to include consultants in the application because those discipline-specific professionals can provide consultation and/or direct services when a CPSP client presents with complicated conditions. The protocols must state "Using 2011 [Name] County Protocols".

Q What qualifications must the health educator, nutritionist and social worker have?

A Sample protocols have been already approved by qualified consultants. If you plan to develop new protocols for your practice, the approving consultants must meet the following requirements:

- Health Educator - a Masters Degree in either Community or Public Health Education from a program accredited by the Council on Education for Public Health, and one year of experience in the field of Maternal and Child Health.
- Nutritionist - a dietitian who is registered (RD), or is eligible to be registered by the Commission on Dietetic Registration, and one year of experience in perinatal nutrition.
- Social Worker - a Masters Degree or higher in social work or social welfare from a school accredited by the Council on Social Work Education; or a Marriage and Family Therapist; and one year of experience in the field of Maternal and Child Health.

Q How do I find consultants with these requirements? Do I have to hire them as staff?

A You do not need to hire consultants as staff. However, you should enter into a written agreement with them which clearly identifies what services they will provide, including protocols, quality assurance, education or high risk interventions, and an agreed upon fee schedule.

Q How much should I pay for protocol development?

A The CPSP office does not become involved in fee arrangements. Consultants are free agents and that is why we recommend a formal written agreement.

IMPORTANT POINTS TO REMEMBER

- The sample protocols must be *customized for each practice site*. This includes community referrals, staffing levels, and case coordination which may differ from site to site.
- Protocols must clearly describe a system of care from entry to care through postpartum. They must include a time line for each activity, including initial assessment, the individualized care plan, reassessment, postpartum assessment, use of individual and/or group interventions, case coordination, and mandated referrals.
- New providers who use previously approved sample protocols do not need to have them signed by a health educator, dietitian, and social worker, **but they do need to assure that they are customized to their site**. For application to be approved without consultant names, include a statement on the application such as “Using 2009 ABC County Protocols”. Protocols must be ≤ 5 years old
- If you will offer group classes your protocols should include: (1) an outline for each class offered, including learner objectives, content, methodology, and methods of evaluation, (2) a blank sign-in sheet with space for date, instructors name and topic.